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Bib Data Sheet

CONFIRMATION NO. 1632

<b>SERIAL NUMBER</b> 10/603,000	<b>FILING OR 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 2056.020
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/727,361 11/29/2000 PAT 6,657,048 \* which is a CIP of 09/415,278 10/08/1999 PAT 6,180,357

(\*)Data provided by applicant is not consistent with PTO records.

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
10/16/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>DB</i>				

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**TITLE**

Cancerous disease modifying antibodies

<b>FILING FEE RECEIVED</b> 524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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